U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440,

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	(2) (46)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U 2560Z	2. Fiscal Year Covered From:			
	JAN /01/2005 Through: DEC/31/2005			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name WAYNE E WATSON	UNITED FOODE COMMERCIAL WORKERS LOCAL 23			
	515 - 974 Labor Organization File Number			
	JUITE 300 P.O. Box, Building and Room Number, if any			
P.O. Box, Bldg., Room No., if any	345 SOUTHPOINTE BLVD			
Street 746 GleNN St	Street			
City Canons burg	CANONSBURG			
State Peninsylvania ZIP Code + 4 15317	PA State ZiP Code + 4 15317			
5. Position in labor organization.				
5. Position in labor organization. Director of Representatives				
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the second in transactions (including loans) with or	derived income or other economic benefit of			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of			
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(except as specified in the exclination of the excl	usions set forth in the instructions): derived income or other economic benefit of ion represents or is actively seeking to represent.			
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A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State Z(P Code + 4	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street: City: State: Z(P Code + 4) Sig	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount.			

Name of Person Filling Wayne & Watson	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any): Name Highmank. Blue Cross Blue Sheek	9. Business deals with:			
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust			
street Fifth Ave. Place 120 fifth Street city Piffs burgh	c. Employer			
State PA, ZIP Code + 4 /5222. 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name UFCW local 23 and Employer Benefit Fund	Provider of health care service			
P.O. Box, Bidg., Room No., if any Street Suite 200 345 South pointe Blud,	11.b. Approximate dollar value of such dealing.			
city Carvors 5019. State Pa. ZIP Code + 4 15317	12.a. Nature of interest held or income received. Labor Golf Outing.			
	12.b. Amount. \$ 306.°°			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			